

Application Data Sheet

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: DISCHARGE RADIATION SOURCE, IN  
PARTICULAR UV RADIATION  
Attorney Docket Number:: 0512-1251  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: FRANCE  
 Status:: Full Capacity  
 Given Name:: CHRISTOPHE  
 Middle Name::  
 Family Name:: CACHONCINLLE  
 Name Suffix::  
 City of Residence:: ORLEANS  
 State or Province of  
 Residence::  
 Country of Residence:: FRANCE  
 Street of Mailing 8A, RUE DE LAHIRE  
 Address::  
 City of Mailing Address:: ORLEANS  
 State or Province of Mailing Address::  
 Country of Mailing Address:: FRANCE  
 Postal or Zip Code of Mailing Address:: F-45000

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: FRANCE  
 Status:: Full Capacity  
 Given Name:: REMI  
 Middle Name::  
 Family Name:: DUSSART  
 Name Suffix::  
 City of Residence:: ST-PRYVE-SAINT MESMIN  
 State or Province of  
 Residence::  
 Country of Residence:: FRANCE  
 Street of Mailing 175B, ROUTE DE SAINT-MESMIN  
 Address::  
 City of Mailing Address:: ST-PRYVE-SAINT MESMIN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-45750

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: CLAUDE

Middle Name::

Family Name:: FLEURIER

Name Suffix::

City of Residence:: MARCILLY EN VILETTE

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 4, LOTISSEMENT DE LA TUILERIE

Address::

City of Mailing Address:: MARCILLY EN VILETTE

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-45240

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN-MICHEL

Middle Name::

Family Name:: POUVESLE

Name Suffix::

City of Residence:: SAINT-PRYVE-SAINT-MESMIN

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 15, RUE DES MAUVIGNONS

10/519552

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Address::

City of Mailing Address:: SAINT-PRYVE-SAINT-MESMIN

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-45750

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: ERIC

Middle Name::

Family Name:: ROBERT

Name Suffix::

City of Residence:: ORLEANS

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 125, RUE GUY DE MAUPASSANT

Address::

City of Mailing Address:: ORLEANS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-45100

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: RAYMOND

Middle Name::

Family Name:: VILADROSA

Name Suffix::

City of Residence:: DARVOY

State or Province of

Residence::

Country of Residence:: FRANCE  
 Street of Mailing 29, RUE DE CHAUDY  
 Address::  
 City of Mailing Address:: DARVOY  
 State or Province of Mailing Address::  
 Country of Mailing Address:: FRANCE  
 Postal or Zip Code of Mailing Address:: F-45150

**Correspondence Information**

Correspondence Customer 00466  
 Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR03/02002	6/27/03

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02/08149	6/28/02	Yes

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**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::